

Facility: _____



STATE OF WASHINGTON DEPARTMENTS OF ECOLOGY AND HEALTH
PERMIT APPLICATION for RECLAIMED WATER USE

For Office Use Only:

Date Received

Application/Permit No.

This application is for a

New Reclaimed Water Use Permit Renewal

Modification of permit #_____

as required in accordance with the provisions of Chapters 90.46 RCW. All questions must be answered completely and accurately to be considered for coverage. If a question does not apply, answer with NA.

SECTION A. GENERAL INFORMATION

A-I. PERMITTEE: **Public** **Private** UBI No. _____

Name of Utility or Business:	Is the operator also the owner? Yes No
	Name of Operator:
Primary Contact Name:	Operator Primary Contact Name:
Title:	Title:
Phone No:	Phone No:
E-mail Address	E-mail Address
Primary Mailing Address	Primary Mailing Address
City Zip + 4	City Zip + 4
BILLING INFORMATION (if different from primary contact)	
Business/Company Name	Phone No.
Mailing Address	City Zip + 4

A-II. Provide a narrative description and map of the entire project – not just the treatment facility.

☐ **Check** this box if there are attached submittals for this section.

A-III. WASTEWATER DISCHARGE MANAGEMENT: ☐ Check here if the other required forms are attached.

Permits for reclaimed water are issued in combination with any required NPDES or state wastewater discharge permits. Check the boxes in column below to determine which (if any) wastewater discharge permit application forms apply for this facility. Note that unless 100% of the water generated will be reclaimed AND used, wastewater discharge applications must also be required. Permit application forms are available on Ecology's website.

- ☐ All wastewater is generated, treated and used on site. No wastewater discharges from this site.
- ☐ Wastewater discharges to waters of the US. NPDES PERMIT REQUIRED.
- Existing permit # (if any): Effective date:
- ☐ Wastewater discharges to land or ground water. STATE WASTE DISCHARGE PERMIT REQUIRED. ECY 040-179. Existing permit # (if any): Effective date:
- ☐ This facility discharges industrial process wastewater for treatment at a publicly owned treatment works. STATE PRETREATMENT PERMIT REQUIRED. ECY 040-177.
- Existing permit # (if any): Effective date:
- ☐ The only discharge from this site is reclaimed water meeting state standards (see Section V below).
- ☐ Facility discharges reclaimed water to a drywell, drainfield, or an infiltration system that uses perforated pipe to discharge to the subsurface and complies with the Underground Injection Control Program (UIC) regulations, 173-218 WAC.

A-IV. RECLAIMED WATER PRODUCTION: Section B required ☐ Check here if attached.

Primary Treatment Facility Contact:	Title:
E-mail Address:	Phone No.
Mailing Address:	City Zip + 4
Check type(s) of reclaimed water quality produced. <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	For ground water recharge, surface water augmentation or wetlands check additional treatment or water quality requirements achieved. <input type="checkbox"/> Nitrogen reduction <input type="checkbox"/> Drinking water standards <input type="checkbox"/> Surface water standards <input type="checkbox"/> Wetland standards <input type="checkbox"/> Reverse osmosis <input type="checkbox"/> Other - Explanation attached

Provide the status of each required submittal below. If submittal does not apply to your facility, enter NA.

Submittal	Title	Date	Attached	Submitted	Approved
Reclaimed Water Engineering Report			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reliability Assessment			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: The engineering report above is the report required in the State Water Reclamation and Reuse Standards Publication #97-023.

- ☐ Check this box if there are multiple engineering submittals for different treatment processes or sites. Attach a list of these specific submittals to include coverage under this permit.

Facility: _____

A-V. RECLAIMED WATER USE: Section D Required

Check here if attached.

Check all categories of use of reclaimed water.	
<input type="checkbox"/> Industrial or commercial uses	<input type="checkbox"/> Wetlands
<input type="checkbox"/> Land application (irrigation)	<input type="checkbox"/> Streamflow augmentation
<input type="checkbox"/> Impoundments	<input type="checkbox"/> Direct aquifer recharge
<input type="checkbox"/> Groundwater recharge by surface percolation	<input type="checkbox"/> Other - Explanation attached
	Indirect use (controlled)
	Mitigation for new appropriative water rights

A-VI. WATER RIGHT IMPAIRMENT INFORMATION

State law requires that facilities that reclaim water shall not impair existing water rights downstream of any freshwater discharge points from such facilities unless compensation or mitigation is agreed to by the holder of the affected water right.

Does diversion of reclaimed water result in impairment of existing downstream water rights?

☐ No ☐ Yes

If yes, briefly describe method of compensation or mitigation of the affected water right(s).

A-VII. SUMMARY OF REQUIRED SUBMITTALS

Provide the status of each required submittal below. If submittal does not apply to your facility, enter NA.

Submittal	Title	Date	Attached	Submitted	Approved
Water Right Impairment Analysis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
User Contracts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Water System's Cross Connection Control Plan			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Check** this box if there are multiple submittals under the above categories for use sites or uses. **Attach** a list of these specific submittals for coverage under this permit.

A-VIII. CERTIFICATION BY PERMITTEE:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Printed Name of Person Signing Below

Title

Signature of Applicant

Date Applicant Signed

NOTE: Applications must be signed as follows: A.) For corporation, by a principal executive officer of at least the level of vice president; B.) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C.) For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

Facility: _____

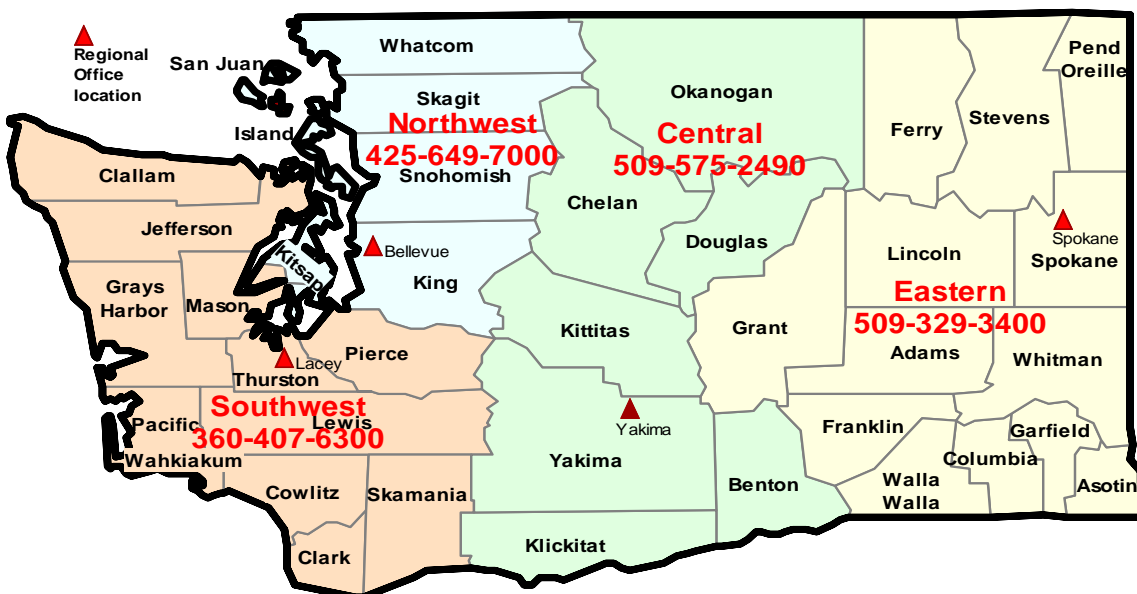
A-IX. SUBMITTAL INSTRUCTIONS:

A complete application must contain all required forms for source control, discharges and reclaimed water use. The Departments of Ecology and Health may request additional information regarding water quality and the location, rate and purposes of use. Information from other submittals attached must reference submittal name, date and page number.

Submit the completed application forms to the appropriate Ecology regional office and to the Department of Health at the addresses listed below.

Washington State Department of Ecology (see map below for regional offices)	
Ecology Southwest Regional Office Water Quality Program Attn: Permit Coordinator PO Box 4775 Olympia, WA 98504-7775	Phone: (360) 407-6279
Ecology Northwest Regional Office Water Quality Program Attn: Permit Coordinator 3190 - 160 th Avenue SE Bellevue, WA 98008-5452	Phone: (425) 649-7201
Ecology Central Regional Office Water Quality Program Attn: Permit Coordinator 15 West Yakima Avenue, Suite 200 Yakima, WA 98902-3401	Phone: (509) 457-7148
Ecology Eastern Regional Office Water Quality Program Attn: Permit Coordinator N. 4601 Monroe, Suite 100 Spokane, WA 99205-1295	Phone: (509) 456-6310
Washington State Department of Health Office of Drinking Water Attn: Craig Riley Water Reclamation & Reuse Program 1500 West 4th Avenue, Suite 305 Spokane, Washington 99204	Phone: (509) 456-2466

Headquarters (Lacey) 360-407-6000
If you are speech or hearing impaired, call 711 or 1-800-833-6388 for TTY



STATE OF WASHINGTON DEPARTMENTS OF ECOLOGY AND HEALTH
PERMIT APPLICATION for RECLAIMED WATER USE

SECTION B. RECLAIMED WATER PRODUCTION

Complete a separate section B for each treatment facility site covered under this permit. All questions must be answered completely and accurately to be considered for coverage. If a question does not apply, answer NA.

B-I. TREATMENT FACILITY SITE INFORMATION:

Facility:	
Primary Contact:	Title:
E-mail Address:	Phone No.
Mailing Address:	City: Zip + 4
Street Address (location)	County:
Provide latitude and longitude points where reclaimed water leaves the treatment facility:	
Provide directions to site from nearest highway or city/town.	

B-II. CLASS OF RECLAIMED WATER PRODUCED AT THIS FACILITY:

Class A Class B Class C Class D

Other Process / Water Quality Limits (explain):

B-III. EXISTING PERMITS: List all existing environmental permits at this location by type, issue date, expiration date, and permit number. If no existing permits, enter NONE.

Type of Permit	Issued (date)	Expires (date)	Permit Number

Facility: _____

B-IV. LIST ALL SOURCES OF WATER TREATED TO RECLAIMED WATER AT THIS SITE:

Type of Water	Where Generated		Volume Treated	Percentage of Total
Untreated Domestic Sewage	On-site	Off-site		
Secondary Effluent	On-site	Off-site		
Storm Water	On-site	Off-site		
Industrial Process Water	On-site	Off-site		
Commercial Use Water	On-site	Off-site		
Agricultural Industrial Process Water	On-site	Off-site		
Other:	On-site	Off-site		

B-V. INFORMATION ON INDUSTRIAL AND COMMERCIAL FACILITIES DISCHARGING TO SOURCE WATER.

Identify all industries and large commercial facilities discharging to the source water for the reclamation plant by name, type of industry, address telephone number and contact name.

Attach additional sheets if needed.

Industry/Facility Name:			
Type:			
State Permit #:			
Street Address:			
Mailing Address:			
Telephone:			
Contact Name:			
E-mail Address:			

B-VI. TREATMENT PROCESSES USED TO PRODUCE RECLAIMED WATER AT THIS SITE:

Check (✓) all unit processes used to produce reclaimed water at this site. Enter the # of units.

Treatment Process	✓	Unit Process			# of Units	
Preliminary Treatment		Manually Operated Bar Screens				
		Mechanically Operated Bar Screens				
		Fine Screen – Size:				
		Comminutor/Grinder				
		Grit removal				
		Pre-Aeration				
		Odor Control				
		Flow Measurement				
		Flow Equalization				
		Septage or Other Hauled Wastes				
		Other:(specify)				
Primary Treatment		Sedimentation Tanks/Clarifiers				
		Septic Tanks				
		Other (Specify)				
Secondary Treatment Biological Oxidation		Activated Sludge	Conventional			
			Batch Treatment (SBR)			
			Extended Aeration			
			Package Plant			
		Oxidation Ditch				
		Trickling Filter				
		Rotating Biological Contactor				
		Lagoon				
		Biological Ammonia Removal				
		Biological Nitrogen Removal				
		Biological Phosphorus Removal				
		Secondary Sedimentation/Clarifiers				
		Flow Equalization/Storage				
	Other: (Specify)					
Post Secondary Treatment		Coagulation				
		Flocculation				
		Sedimentation				
		Filtration	High-Rate Rapid Sand Filter			
			Continuous Backwash Upflow			
			Rotating Filter Disk			
			Compressible Fiber Filter			
			Traveling Bridge Filter			
			Membrane Filter	Microfiltration	Ultrafiltration	
		Membrane Bioreactor Microfiltration Ultrafiltration				
	Other: (specify)					
Advanced Treatment		Nanofiltration				
		Reverse Osmosis				
		Other (specify)				

Facility: _____

Disinfection		Chlorine Gas	
		Hypochlorite	
		Ultraviolet Light	
		Ozone	
		Other (specify):	
On-Site Storage		Lined Pond	
		Unlined Pond	
		Covered Tank	
		Other (specify):	
Chemical Additives List attached		List <u>all</u> chemical additives associated with the treatment processes (e.g. alum for coagulation, chlorine for oxidation). Attach list if needed.	
Other Treatment (Specify)			

B-VII. FACILITY DIAGRAM

Attach a sketch, aerial photograph, or map, including scale, of the treatment facility showing the following:

✓	Check items shown on the attachment.
	Approximate overall dimensions of the facility
	A properly labeled line drawing of all water and wastewater flows including direction of flow
	All chemical storage areas
	All discharge point(s) and receiving water(s)
	All sludge (or biosolids) storage, processing or disposal areas

B-VIII. CHARACTERISTICS OF RECLAIMED WATER PRODUCED

Enter X for parameters known to be present in the reclaimed water, or S for parameters suspected to be present. Provide data for all X or S. Mark NA for parameters that are not of concern at this facility.

New Treatment Facility – Estimate concentrations based on design.

Existing facility - Use **actual** operating data for the last year of operation where available - indicated by (✓)

X/S	Actual data ✓	Parameter	Concentration			# of Analyses	Analytical Method	Detection Limit
			Minimum	Maximum	Average			
		BOD (5 day)						
		COD						
		Total Organic Carbon						
		Total Suspended Solids						
		Total Dissolved Solids						
		Conductivity						
		pH						
		Ammonia-N						
		Total Kjeldahl N						
		Nitrate + Nitrite-N						
		Total Nitrogen-N						
		Ortho-phosphate- P						
		Total-phosphate-P						
		Total Residual Chlorine						
		Free Residual Chlorine						
		Total Coliform						
		Dissolved Oxygen						
		Total Oil and Grease						
		Calcium						
		Chloride						
		Fluoride						
		Magnesium						
		Potassium						
		Sodium						
		Sulfate						
		Barium (total)						
		Cadmium (total)						
		Copper (total)						
		Iron (total)						
		Lead (total)						
		Manganese (total)						
		Mercury						
		Selenium						
		Silver (total)						
		Zinc (total)						

Facility: _____

B-IX. ADDITIONAL CHARACTERISTICS OF RECLAIMED WATER PRODUCED

Contact the appropriate Ecology regional office to check on additional testing requirements. List Parameters Not Included Above. Enter X for parameters which are known to be present in the reclaimed water. S for parameters suspected to be present in the reclaimed water. Provide data for all parameters marked. This section should address all organic chemical constituents expected such as volatile organic and synthetic organic compounds, pesticides, herbicides and fungicides; radionuclide and disinfection byproducts that may be generated in the disinfection process.

[illegible]

B-X. RECLAIMED WATER PRODUCTION VOLUME

Provide the following information regarding reclaimed water production at this facility :

Provide the following information regarding reclaimed water production at this facility:	
Maximum Production Capacity: ¹ Design MGD	
Average Flow(Maximum month) Design MGD	
Total Annual Volume of Reclaimed Water Available For Use (MG)	
Estimate Actual Annual Volume of Reclaimed Water Used (MG)	
Date Began Operation	
Date of Last Upgrade	
Date Planned Upgrades	
Describe how influent flow is measured:	
Describe how effluent flows are measured:	
Attach actual flow records for the last year (if available)	

¹ "Maximum production capacity" refers to the amount of reclaimed water that a treatment facility is designed to produce at peak output and 24-hour production.

B-XI. FACILITY ALARMS

Describe how the following alarm features are provided. If referencing information in an engineering report or other submittal, give name of submittal, date and page number of information. **Attach** additional sheets if needed.

Required Alarms	How Provided
Loss of power from normal power supply	
Alarms independent of normal power supply	
Master Alarm Inter-connect all site alarms Who is notified?	
Master alarm to remote service location Who is notified?	

B-XII. FACILITY RELIABILITY

In the table below, indicate (✓) which reliability requirements are used at this facility. One or more reliability features are required for each category. If the treatment category does not apply to this facility, write NA.

Reliability Category	✓	Option
Power Supply	Check which of the following are provided (at least one required)	
		Alarm and standby power source
		Alarm & automatically actuated short term storage or disposal
		Automatically actuated long term storage
		Approved other - specify
Emergency Storage or Disposal	Check which of the following are provided (at least one required)	
		Long term storage on-site. No disposal options
		Emergency short-term storage with approved disposal option
		Approved other – specify
Biological Treatment	Check which of the following are provided (at least one required)	
		Alarm and multiple units treating entire flow with one not in service
		Alarm, short-term storage or disposal and standby equipment
		Alarm and long-term storage or disposal provisions
		Automatic diversion to long-term storage or disposal.
		Approved other – specify
Secondary Sedimentation	Check which of the following are provided (at least one required)	
		Multiple units treating entire flow with one unit not in service.
		Standby sedimentation unit process
		Approved long-term storage or disposal provisions
		Approved other – specify
Coagulation	Check which of the following are provided (all four are required).	
		Standby chemical feeders
		Adequate chemical storage and conveyance facilities
		Adequate reserve chemical supply
		Automatic dosage control

Facility: _____

Coagulation (continued)	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service.
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Approved other – specify
Filtration	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service.
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Approved other – Specify
Reverse Osmosis	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service.
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Approved other – Specify
Ultraviolet Disinfection	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and multiple units treating entire flow with one not in service.
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Approved other – Specify
Chlorine Disinfection	Check which of the following are provided (all six are required).	
	<input type="checkbox"/>	Standby chlorinator
	<input type="checkbox"/>	Standby chlorine supply
	<input type="checkbox"/>	Manifold system to connect chlorine cylinders
	<input type="checkbox"/>	Chlorine scales
	<input type="checkbox"/>	Automatic switchover to full chlorine cylinders
	<input type="checkbox"/>	Continuous measuring and recording of chlorine residual
	Check which of the following are provided (at least one required)	
	<input type="checkbox"/>	Alarm and standby chlorinator
	<input type="checkbox"/>	Alarm, short-term storage or disposal and standby equipment.
	<input type="checkbox"/>	Alarm and long-term storage or disposal provisions
	<input type="checkbox"/>	Automatic diversion to long-term storage or disposal provisions.
	<input type="checkbox"/>	Alarm and multiple point chlorination. Each point has independent power source, separate chlorinator and separate chlorine supply.
	<input type="checkbox"/>	Approved other – specify

STATE OF WASHINGTON DEPARTMENTS OF ECOLOGY AND HEALTH
PERMIT APPLICATION for RECLAIMED WATER USE

SECTION C. RECLAIMED WATER DISTRIBUTION

NOTE: Complete a separate form C for each reclaimed water distribution system under this permit.

C-I. DISTRIBUTOR INFORMATION:

Treatment Facility Providing Reclaimed Water :	
Water Distributor:	Is the distributor also the owner of the treatment facility? Yes No If no attach a copy of the agreement used to control the water distribution and use. Agreement attached
Primary Contact Name:	
Title:	
Phone No:	
E-mail Address	
Primary Mailing Address	
City	Zip + 4

C-II	CLASS OF RECLAIMED WATER DISTRIBUTED:	A	B	C	D
1	1				
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
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93	93				
94	94				

Other Process / Water Quality Limits (explain): _____

C-III. TOTAL WATER SUPPLY AVAILABLE FROM THIS DISTRIBUTION SYSTEM:

Source of Water	Average Daily Flow (MGD)
Reclaimed Water Produced	
Other Water Distributed in this system:	(enter total)
<input type="checkbox"/> Surface Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Storm Water <input type="checkbox"/> Drinking Water <input type="checkbox"/> Other: _____	
Reclaimed Water Recovered From Aquifer Storage	
TOTAL	

Facility: _____

D-III. SITE ACCESS AND NOTIFICATION OF USE

In the table below, indicate (✓) which methods are used at this area to notify the public of reclaimed water use.

✓	Check which of the following are provided:
	Advisory signs posted at location
	Advisory signs posted on tank trucks
	Advisory signs posted in storage areas
	Written notices. Check who receives notification: General Public Employees Residents Customers
	Golf course score cards
	Identification of areas not designated for reclaimed water use. Check which apply: Buildings Drinking fountains Eating areas Passing vehicles Other (Specify): _____
	Purple color coding: Check which apply: Pipes Valves Outlets
	Training programs: Employees Residents Customers Truck use Other (Specify): _____

D-IV. CROSS CONNECTION CONTROL

Check which of the following apply:	
Reclaimed water use area is serviced only with reclaimed water	
Reclaimed water use area is serviced with both reclaimed and potable water.	
Answer all questions below where dual potable and reclaimed water systems exist.	
1.	All public water systems servicing this area are actively implementing and enforcing cross-connection control plans. Yes No
2.	All cross-connection control programs have been accepted by the Department of Health. Yes No
3.	How many illegal cross-connections were identified during the last reporting period (permit)? _____ a. How many of these were eliminated? _____ b. Attach description of any cross-connections found and efforts to eliminate. Attached

D-VIII. RECLAIMED WATER USE CAPACITY ALLOCATION

Using available flow records and other available information, allocate the average flows among the various use categories. For each type of reclaimed water use, enter the permitted capacity, average flows and acreage.

Use Category	Sub-Category	Capacity (MGD)	Average Flow (MGD)	Area (acres)
Water Production	Treatment Plant Uses			
Industrial Use	Process & Product Production			
	Cooling Use			
	Other			
Commercial Use	Toilet flushing			
	Fire protection			
	Other			
Public Access Land Application (irrigation)	Golf Course			
	Residential			
	Parks & Playgrounds			
	Schools			
	Cemeteries			
	Other			
Agricultural Land Application (irrigation)	Food Crops			
	Grass, Pasture			
	Other			
Groundwater Recharge	Surface Percolation			
	Direct Injection			
Wetlands	Constructed Treatment (aesthetic/polishing)			
	Beneficial Use (created)			
	Natural (restore)			
Surface Water	Augmentation			
Municipal Uses	Sewer Cleaning			
	Street Cleaning			
	Construction Compaction			
	Other			
Other (specify)				
TOTAL				

3. Describe any plans to modify the use of reclaimed water at this site?

☐

No modifications

☐

Description attached.

Facility: _____

D-III. SITE ACCESS AND NOTIFICATION OF USE

In the table below, indicate (✓) which methods are used at this area to notify the public of reclaimed water use.

✓	Check which of the following are provided:
	Advisory signs posted at location
	Advisory signs posted on tank trucks
	Advisory signs posted in storage areas
	Written notices. Check who receives notification: General Public Employees Residents Customers
	Golf course score cards
	Identification of areas not designated for reclaimed water use. Check which apply: Buildings Drinking fountains Eating areas Passing vehicles Other (Specify): _____
	Purple color coding: Check which apply: Pipes Valves Outlets
	Training programs: Employees Residents Customers Truck use Other (Specify): _____

D-IV. CROSS CONNECTION CONTROL

Check which of the following apply:	
Reclaimed water use area is serviced only with reclaimed water	
Reclaimed water use area is serviced with both reclaimed and potable water.	
Answer all questions below where dual potable and reclaimed water systems exist.	
1.	All public water systems servicing this area are actively implementing and enforcing cross-connection control plans. Yes No
2.	All cross-connection control programs have been accepted by the Department of Health. Yes No
3.	How many illegal cross-connections were identified during the last reporting period (permit)? _____ a. How many of these were eliminated? _____ b. Attach description of any cross-connections found and efforts to eliminate. Attached

D-V. BEST MANAGEMENT PRACTICES (FOR SITE USE OF RECLAIMED WATER)

All reclaimed water is used at this site is consumed on site. Site has no discharges.

Site has the following discharges of reclaimed water to waters of the state.

- ☐ Aquifer recharge by: Surface percolation Direct injection .
Note: If not owned by the Permittee, a separate permit application may be required for this discharge.
- ☐ Discharges to surface waters or to wetlands discharging to surface waters. NPDES PERMIT REQUIRED
Enter existing permit number (if any) _____.
- ☐ This site uses reclaimed water for industrial process wastewater which is then discharged to a publicly owned treatment works. STATE PRETREATMENT PERMIT REQUIRED. ECY 040-177.
- ☐ Discharges to wetlands that discharge to ground water. STATE WASTE DISCHARGE PERMIT REQUIRED. ECY 040-179.

In the table below, indicate (✓) which methods are used at this area to regulate reclaimed water use.

Category	✓	Option
General Site Management		Check which of the following are provided:
		Other water used at this reclaimed water use site. Check all that apply: <div style="text-align: center;">Public potable water system Private well Surface water</div>
		Site access is unrestricted <div style="text-align: center;">restricted to public restricted to most employees</div>
		Rules prohibit the spraying with reclaimed water.
		Reclaimed water is confined to use areas. Set back distance:
		Rules prohibit hose bibs on reclaimed water lines.
		Use of reclaimed water is secured (authorized personnel only).
		Rules prohibit ponding of reclaimed water.
		Other restrictions (specify):
		Additional information is attached.
Impoundments & Storage Ponds		Site has lined impoundments (ponds) with reclaimed water.
		Site has unlined impoundments (ponds) with reclaimed water. Describe method of seepage control. attached
		Describe method to prevent breeding of vectors (for health protection). attached
		Describe method to prevent odor, slime, poor aesthetics. attached
		Describe ground water monitoring (if any): attached
		Other (Specify):
		Additional information is attached.

Irrigation Uses	Site has irrigation uses.	Seasonal use Landscape	Year round use Agriculture
	Type of irrigation	Spray irrigation Surface drip system Other (specify): _____	Flood irrigation Subsurface drip system
	Hydraulic loading rates determined as follows: Check method boxes below:		
	By water balance		
	By other method Describe: _____		
	Calculations attached	Submitted previously	Approved
	Application is controlled. Check methods of control.		
	Irrigation schedule (if available) attached		
	Apply only when crops are growing		
	Apply at night or when public is not present		
	High wind cutoff to irrigation controls at	15 mph	25 mph
	No application when ground is frozen	Use temperature set point	
	No application when ground is saturated	Use moisture sensors	
	Other (specify): _____		
	Describe ground water monitoring		
	Additional information is attached		

D-VI. LAND APPLICATION AND GROUNDWATER RECHARGE

1. For land application and groundwater recharge sites, attach a topographic map (USGS 7.5 minute) showing the following information:
 - a. Surface water drainage systems within ¼ mile of the site
 - b. All wells within 1 mile of the site
 - c. Any discharge points
 - d. Land uses and zoning adjacent to the site
 - e. Groundwater gradient

Map attached

2. Describe soils at this site using information from local soil survey reports. Additional information attached
3. Describe local geology and hydrogeology within one mile of this site. Additional information attached

D-VII. GROUNDWATER INFORMATION

If groundwater monitoring is required or available, provide measurements from monitoring wells or supply wells in the area of the groundwater recharge or irrigation. Provide the location of each well on a map. Attach well logs and well I.D. # when available. Copy this page for each well.

Well ID Number: _____

New Reclaimed Water Site – Background

Existing Site

Parameter	Concentration			# of Analyses	Analytical Method	Detection Limit
	Minimum	Maximum	Average			
BOD (5 day)						
COD						
Total Organic Carbon						
Total Suspended Solids						
Total Dissolved Solids						
Conductivity						
pH						
Ammonia-N						
Total Kjeldahl N						
Nitrate + Nitrite-N						
Total Nitrogen-N						
Ortho-phosphate- P						
Total-phosphate-P						
Total Residual Chlorine						
Free Residual Chlorine						
Total Coliform						
Dissolved Oxygen						
Total Oil and Grease						
Calcium						
Chloride						
Fluoride						
Magnesium						
Potassium						
Sodium						
Sulfate						
Barium (total)						
Cadmium (total)						
Copper (total)						
Iron (total)						
Lead (total)						
Manganese (total)						
Mercury						
Selenium						
Silver (total)						
Zinc (total)						
Water Level						

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